

Application Data Sheet**Application Information**

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks:: 0
Number of Copies of CDs:: 0
Sequence Submission?:: Paper
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: NOVEL PHOSPHORYLATED SEQUENCES
OF THE PHOSPHATASE CDC25B,
ANTIBODIES FOR SAID SEQUENCES
AND USE THEREOF
Attorney Docket Number:: 0508-1151
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: BERNARD
Middle Name::
Family Name:: DUCOMMUN
Name Suffix::
City of Residence:: BELBERAUD
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 1, CHEMIN DU PARADIS
Address::
City of Mailing Address:: BELBERAUD
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 31450

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: BERNARD
Middle Name::
Family Name:: MONSARRAT
Name Suffix::
City of Residence:: ALBI
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 13, RUE DU COLONEL H. MANHES
Address::
City of Mailing Address:: ALBI

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 81000

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: CLAUDE
Middle Name::
Family Name:: PRIGENT
Name Suffix::
City of Residence:: THORIGNE-FOUILLARD
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 1, RUE ANGÉLA DUVAL
Address::
City of Mailing Address:: THORIGNE-FOUILLARD
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 35235

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/001416	6/8/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0307095	6/12/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::